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I.

PHYSIC AND SURGERY.

The following is an extract from Mr. Lawrence's Lecture, introductory to his Course on Surgery at St. Bartholomew's Hospital,—the theatre on which the genius of ABERNETHY has been so long and luminously displayed, and from which he has recently retired.

THERE has been as much difficulty experienced in France as in this country, in defining the limits between the two professions. I am convinced that the boundary, as now fixed, is not very clear, and the consequence is, that great disputes have arisen. Operations, injuries, and external local complaints, are the undisputed possession of surgery, and internal diseases are assigned to the physician. But it is not easy to distinguish between external and internal diseases; here, in fact, surgery and physic join. Since it is found thus difficult to draw a satisfactory line of demarcation between physic and surgery, you will not be surprised to find, in a great majority of instances, that both are practised together, in this country, by one description of persons,—surgeon-apothecaries. Nineteen twentieths of diseases are under the care of this class of persons in the country, who are therefore styled general practitioners. On the other hand, in the metropolis, we find that these two branches of the profession are exercised by a different class of persons, whose education differs widely in some important points. We find it taught by separate teachers, in distinct courses of instruction, and we find this regulation enjoined by the laws of two distinct incorporated bodies.

Finding these contradictions, we are led to inquire more particularly into the distinctions between physic and surgery,—to ask whether it consists in the nature of the disease allotted to each, or in the mode of treating it,—to inquire whether there is any difference in the mode of learning them,—to ask how and when the distinction originated, whether it is well founded, whether it is of any benefit to the public, or any advantage to the practitioner? Nothing like the modern distinction was known to the ancients; at least, we find no traces of it in the Greek, Roman, or Arabic writers. Particular branches of medicine were indeed followed separately in Egypt, where the diseases of the eye, and some internal organs, formed the distinct occupation of different practitioners; and a distinction somewhat similar is said to have prevailed at Rome. But Hippocrates, Galen, and Celsus, treat of the nature and management of fever, of injuries, and of external and internal complaints in common. Celsus, in speaking of the treatment of diseases, distributes what he has to say under three divisions, the same as are this day employed, according as the treatment is to be accomplished by dietetical, pharmaceutical, or chirurgical means. But the idea of splitting medicine into two parts, and learning the practice separately, seems never to have been entertained by this writer, nor any other great author whose name is still regarded as authority.

In the long night of barbarous ignorance which intervened betweeen the downfall of the Roman empire and the revival of learning in the West, the treatment of diseases was preserved by the ecclesiastics. The exercise of medicine harmonized well with the more immediate object of their calling. But when the Council of Tours had declared,—*ecclesias abhorret a sanguine*,—that the church was defiled by blood, the priests and monks could no longer use any of those means that involved the loss of blood, and the practice was taken up by infidels and itinerants. In the course of time, surgery, which then consisted merely of bleeding and tooth-drawing, fell into the hands of a few persons who practised these in conjunction with the trade of the barber, and which ultimately led to the incorporation of the barbers and surgeons into a company. This separation of surgery from that medical knowledge which is an indispensable guide to its proper application, and its union with the art of the barber, long survived the circumstances that gave rise to it. It continued in this country till the middle of the last century, when it was dissolved in the reign of George II. The combination of the two branches still remains in many parts of Europe.

In order to determine whether there is any real ground of distinction between physic and surgery, it is necessary to advert to the general practice of both. The individual organs which make up the human body, although various in their structure and office, are all intimately connected with and dependent upon each other. They are subordinate parts of one great machine, and all concur in one common object,—the life of the individual. All the leading arrangements are calculated to give a character of unity to the organic and living actions of the body. There is one source of nutrition of the whole frame; there is one centre of circulation; there is a common place of union of all senses and volition,—a common centre of nervous energy. The various organs are not only intimately connected, but act on each other by a mysterious, or at least hitherto unexplained cause, which is denominated sympathy. Every part composing our frame acts dependently; all the parts are immediately or remotely connected; and hence you could form no adequate idea of the sympathies of the organs, if you insulated them from the rest, any more than you could estimate the use and action of a single wheel or lever detached from a watch or steam engine. As a united machine, though complicated, is essential to accomplish the end for which it is formed, so living actions, although numerous and intricate, form an indivisible whole. Hence there is one anatomy and one physiology, and there can be only one pathology. If you wish to understand any part, you must not only examine the part itself, but must survey the whole. In the same way, if you wish to investigate disease, you must observe not only the local affection, but the influence that other parts may exert over the seat of the complaint.

It must be the first business of the medical student to examine the structure and living actions of the frame; that is, to study man in a state of health. These are the objects of the two sciences, which are denominated Anatomy and Physiology. He then proceeds to observation. He notices the circumstances under which disease arises; he watches its progress, and its fatal termination; he explores the organic changes it produces after death; and learning to connect these with the appropriate external signs by which the disease is accompanied, and deriving from these comparisons the means of ascertaining the exact seat of the disease, he is able to foretel its fatal termination. This forms the subject of two other branches, which are distinguished by the names of Morbid Anatomy and Pathology. Morbid anatomy is opposed to anatomy; pathology is opposed to physiology. Anatomy regards the healthy structure; morbid anatomy the diseased one. Pathology regards the diseased functions; physiology those that are healthy. The student is now prepared to apply the external influences, such as diet, climate, exercise, the outward or inward remedies, or the surgical operations which may be necessary for the removal of disease, and the restoration of health. The real question relative to the distinction between physic and surgery, then, comes to this: after treating disease generally, in the way just mentioned, can you discover any portion of it insulated from the rest? Can you find out any division that can be undertaken without a reference to other parts? Can you divide the subject of disease into two classes that may be treated in a different manner? Certainly not. The structure and functions are universally connected; no part is independent. The causes that constitute disease are often to be found, not in the part itself, but in a remote portion of the frame; the means of cure are seldom to be applied actually to the part diseased: for instance, if a person has a gouty inflammation of the toe, no cause of disease can be ascribed to the part itself; but if you examine the state of the individual, you will find a full and strong pulse, and other marks indicating a fulness of habit, or plethora, as it is called; the tongue will indicate a disorder in the digestive organs, and your treatment must consist in adopting the means necessary to remove the fulness of habit, and to correct the digestive organs, and the patient goes on well without any application to the toe. Another person may have a paralytic affection of his finger, and you can discern no cause for it in the part itself; you will find everything in the paralyzed member perfect as to structure; but, on examination, you find disease existing in the head; you take the means of allaying that disease, and then the paralyzed parts recover the power of motion. In many cases, disease originating in one part, affects a great many other organs of the body; and very often the secondary disease thus produced, attracts more attention than the original complaint itself. A person has an affection of the head, which may be produced by various causes, and within a short time the circulating system, the digestive organs, and the secretions, become deranged, and he is in a state of continued fever;—another individual receives an injury,—inflammation is set up in the part, and in a short time the same febrile disturbance arises. The patient has a sympathetic fever in both cases, and the latter disease seems of more consequence than the former. Again, although individual organs are numerous, the components of organic structure in the body are few; the different proportions in which they enter into the composition of parts, is what makes the difference, just as the combination of a few letters give the infinite variety of words. When you have arranged and divided the causes of disease into two halves, you may give those different names, and require that they should be practised by different individuals, but the two divisions that you establish will be like each other, and the cause and the treatment of disease will in both cases be exactly similar. If you will insist on a distinction, it must be arbitrary. Then you can establish it clearly. You may divide diseases into those of the right side and of the left, or into those of the upper and lower halves of the body.

To assert that surgery and physic are essentially distinct, would be to say that there are two descriptions of pathology,—that the external and internal parts of the body were to be treated on different and distinct principles. When you reflect that the primary tissues composing the various organs of the body are the same throughout, and that the difference consists solely in the number and proportions of those tissues, you will see that the various parts of the body can not alter the nature of the disease, though perhaps there may be a difference in the mode of its treatment;—the way in which it is to be carried into force may be varied, because local applications may be made to the external parts which cannot be done to those that are internal. We treat the disease in the same manner, whether it is in the eye, the breast, the testicle, the heart, the lungs, or the liver. The principles of pathology, therefore, are general; they are the same in all parts of the body; and they must be common to the physician and the surgeon. Hence we may say, as Mr. Abernethy has most justly done, that surgery and physic, considered as objects of scientific information, are one and indivisible. We may with great propriety affirm, that no single branch of medicine can be acquired except by those who have studied the structure of the whole frame.

By those who are inclined to defend existing distinctions, various views have been taken as to the ground on which they ought to rest: for example, external diseases have been referred to the surgeon; those that are internal to the physician. But, unfortunately for this distinction, nature has connected the outside and the inside of the body so closely, that it is impossible to say where the one terminates and the other begins. If we were to adopt this distinction, we should consider how far the exterior of the frame extends, and how far the province of the surgeon is to go; whether it is to extend half an inch into the body, or an inch? What is the boundary of the internal cavities and of the external outlets: for example, those lined with mucous membrane? The distribution of disease between the physician and surgeon seems to be absurd. The surgeon is allowed to take care of the diseases of the mouth: where, then, is he to stop? Inflammation of the throat, arising from syphilis, is referred to the surgeon,—catarrhal inflammation to the physician;—polypus of the nose is assigned to the surgeon,—a coryza of the same part is entrusted to the care of the physician. The diseases of the bones and of the joints have been considered a part of surgery, and yet they are hardly to be called external parts. In hernia and aneurism there is an external tumor, but they are produced by the diseases of parts that are quite internal. When we come to consider the cause and nature of disease, the absurdity of the distinction becomes more apparent, and the indispensable connexion between particular parts of the frame more obvious. External diseases are often produced by internal causes, as erysipelas, nettle-rash, gout, &c.; and on the other hand, external agents produce inward disease, as in rheumatic inflammations and catarrhal affections, from exposure to cold. The eye, considered as an external part, has been entrusted to the surgeon; yet that organ is the most complicated in the body, and is subject to so great a number of diseases, that it requires a greater knowledge of the principles to be derived from general pathology and therapeutics, than any other part. The eye, together with its appendages, not only contains mucous, serous, fibrous, and glandular structures,—parts peculiarly liable to disease,—but it suffers from gout, rheumatism, smallpox, scarlet fever, and measles: it is affected by scrofulous and syphilitic inflammation; by cancer, fungous hæmatodes, and melanosis. If, then, an organ so complex in its structure, and subject to such numerous diseases, as the eye, can be safely entrusted to the care of a surgeon, I am at a loss to know why any distinction should be made, so far as disease goes, between surgery and physic. It is vain to establish distinct professorships for external and internal pathology, that surgery and physic should be taught by distinct lecturers, and in separate courses of instruction. Neither lecturers nor authors can make the distinction, and thus we find the same diseases are often considered by both; they are treated on the same general principles, and regarded in the same manner. Again, local diseases have been given to surgeons, and general ones to the physician. It really may be a matter of question, whether there be any local or general diseases, in the strict sense of the terms. When an organ of little consequence in the animal economy is slightly diseased, no sensible effect may be produced beyond the part itself; but when an important organ is considerably affected, then a great number of other parts feel its influence: hence arise general or constitutional diseases. Even in fevers, we can trace the general affection to some particular organ; and the existence of fever as a general disease, independent of primary local mischief, may be made a matter of doubt. Thus, the distinction of general and local disease consists in degree, and not in kind ;—it is a question of more or less. If you were to arrange diseases in one column, beginning at the most local, and ending at the most general, you would find them passing insensibly into each other, without any marked separation.

It has been recommended that Surgery should be confined to cases that require manual proceedings, or operations of some kind. This notion seems to be just worthy of that ignorance to which the unnatural separation owed its origin, and of the dark period in which it occurred.

According to such views, the distinction would depend not on the difference in the treatment of diseases, but on the accidental and often-varying circumstances of the mode by which the object is to be accomplished. What shall we do with the numerous cases, such as affections of the head, gout and rheumatism, in which changes of diet and internal treatment are necessary, in conjunction with the manual proceedings of bleeding, cupping and leeching ? What shall we do with the numerous cases, such as hernia, retention of urine, &c., which, after various internal remedies, are often followed by surgical operation ? In many cases, it is a question of degree, whether internal remedies only shall be employed, or surgical operation shall be added. If it is meant to confine surgery to operations or manual proceedings, and to a merely mechanical department of the profession, I for one must enter my strongest protest against such an arrangement. I should really feel myself degraded by exercising this kind of barber surgery. If this arrangement were carried into effect, it would not be necessary to study scientific principles. We might spare ourselves the toil and trouble of learning anatomy, physiology and pathology, altogether ; we might be contented to resign our profession into the hands of barbers, its original founders.

Historically speaking, we cannot deny that surgery originally consisted of this mechanical and subordinate part of the profession, which was practised by the permission, and under the sanction, of physicians. But surgeons have long since emancipated themselves from this bondage, and surely they will not again submit to such degrading trammels. They have cultivated, with ardor and success, the scientific department of the art ; they can appeal to the great progress which surgery has made since the middle of the last century, and to the present state of its progression. The good opinion of the public which they have secured, is not inferior to that of other scientific men. They can point, in the annals of medicine, to the names of men who have been the most signal contributors to the advancement of medical science. Among these, I would not omit to mention the name of the illustrious Pott. He was equally distinguished as an able practitioner, and a clear and elegant writer. I must, however, confess that he has been thrown into the shade, by the transcendant merits and more brilliant talents of his contemporary and rival, John Hunter. In contemplating this extraordinary character, we are at a loss to discover whether he surpassed others most in his energy or his genius. The novelty of his views, and the splendor of his discoveries, excite our admiration, and we are lost in astonishment when we enter his museum, and view the treasures there accumulated. We can hardly believe that they could have been brought together by one individual. To this name must be added that of a kindred spirit, who entered with ardor into the path traced out by his great predecessors, and followed it into new regions of knowledge. I allude to the founder of this school, Mr. Abernethy, (cheers). Fellow laborers have not been wanting in France, Germany and Italy. It will be enough for me to allude to the names of J. L. Petit and Desault; to Richter, Bichat and Scarpa. The two latter have been among the most distinguished writers of modern times.

The attempt to reduce surgery to its former limits, to bring it back to the art of bandaging, bleeding, tooth-drawing, and so on, which constituted almost its entire encyclopædia in the *venerable* times of barber-surgery, if it could be effected, would be no less injurious to the profession than to the public. The proposal now comes a century too late. In those cases in which local injury or disease exists in conjunction with a more or less general derangement, as in compound fracture with fever, in erysipelas, and in strangulated hernia, the patient requires to be attended by a person who thoroughly understands the case in all its bearings. The surgeon who only knows the local, and the physician who understands only the general treatment of cases, are but half informed, and surely deserve less confidence than one who understands both. The confidence which ignorant persons are inclined to repose in what they call a combination of talent, is fallacious, if it consists of a surgeon who knows nothing of general, and a physician who knows nothing of local management: this is not a case, like that of grammar, where two negatives make an affirmative.

Let me take this opportunity of mentioning to you, that the mere performance of an operation is often the least part of a surgeon's duty, even in cases that require it. To judge whether or not the disease admits of cure by other means, to perceive when an operation becomes advisable, to determine when it is necessary, to prepare the patient judiciously for its performance beforehand, and to manage the case well afterwards, are points of superior importance.

Do not let it be supposed that I speak lightly of operations; on the contrary, it is necessary for you to study carefully each part of your duty; but I wish to caution you against attaching too much importance to the branch of surgery that you will most seldom be called upon to exercise. It is a great mistake to suppose that a surgeon is always employed in operating, however extensive his practice. It is the boast of modern surgery to have diminished the number of operations. I speak within limits when I assert that there are not so many operations performed now, by one-half or two-thirds, as when I first began to study the profession. This important difference to which I allude, has arisen from the improved knowledge of the nature and treatment of disease. Thus, whatever view of the subject we take, the same conclusion forces itself on our minds; viz., that there is no natural distinction between physic and surgery: they are inseparably-connected parts of one science and art,—the practical principle of both having the same foundation, the different branches must employ the same means, because they have the same purpose to accomplish. Thus the great distinction turns out at last to be purely artificial,—to be founded on no fixed principle,—to be dependent on nothing but custom.

SKETCHES OF PERIODICAL LITERATURE.

MARSH MIASMA.

In a paper on the autumnal fever of Georgia, published in the Western Journal, Dr. J. C. Finley, of that state, has presented the result of his experience, during four years, in regard to the mode of production of febrile miasm. Dr. Finley is of opinion that too much stress has been laid on the decay of vegetable matter, as a cause of disease in the clearing of new countries; while the predisposing causes, such as the change of climate and habits, the unwholesome food and exposure, and the mental depression, which affect the settlers in a new region, have been too much overlooked. The impression in regard to the noxtous qualities of marshes, has also, in Dr. F.'s opinion, been much too vague and general. A marsh, when covered with sufficient vegetation to screen it from the influence of the sun, is comparatively innocent. Situations in the neighborhood of millponds, which have previously been the haunts of fever, become healthy if the pond is drawn off early enough to allow the rank vegetation usual in such places to spring up before the commencement of the sickly season.

A long continuance of warm weather is necessary, to give the exhalations of marshes sufficient activity to produce disease. "Hot and dry summers," says Dr. F., "are uniformly healthy. *Marshes, when perfectly dry, are comparatively innocent.*" Those seasons are most unfavorable to health which are distinguished by warm winds and a humid atmosphere.

It is a familiar fact in regard to intermittent fever, that it will outlast, by many months, or even years, the causes which produce it, and follow its subject into climes far remote from the place of its origin. A more remarkable fact is, that the seeds of this disease, sown during the summer and autumn, will sometimes take effect only in the succeeding season, having lain dormant in the system during several months, and being called into action by some very slight occasional cause. This predisposition, however, ceases after a few months,—*vernal* intermittents rarely appearing, except in those who have suffered from the disease during the preceding fall.

It is further remarked by Dr. F., that trees or the brow of a hill form an effectual obstacle to the diffusion of fever. Many planters secure to themselves an immunity from attack, by simply leaving a certain extent of uncleared land around their houses. Elevated spots near marshes are insecure, though generally thought safe, and those who select them under this impression, are almost always disappointed. The town of Milledgeville, Geo., is mentioned in proof of both these positions. The town stands on the west bank of the Oconee, about half a mile from the river, upon two elevated ridges of land, running nearly parallel with each other. The streets on the brow of the hill, next the river, are proverbially unhealthy, while the remainder of the town is very much the reverse.

The views taken of this subject by Dr. Finley, coming as they do with the sanction of much experience and extensive observation, and being evidently uninfluenced by any preconceived theory, are certainly worthy of much consideration. In regard to the main points, they perfectly coincide with those adopted by Mr. M'Culloch, and other distinguished observers abroad; and contribute together with them to furnish distinct and accurate information on this interesting topic of medical inquiry.

TRACHEOTOMY.

An interesting case in which this operation was performed, and which occurred to Mr. Charles Bell, is related in a late No. of the London Medical Gazette. The patient, a child nine years old, was startled while in the act of eating a plum, and the stone slipped into the trachea. The opening was made between the thyroid and cricoid cartilages. After eluding several attempts made by the surgeon, the foreign body was at length found in the trachea, and extracted. The wound did well.

It has repeatedly been remarked, that where tracheotomy was performed, and the substance lay too deep to be extracted, or could not be reached, it has afterwards been expelled at the orifice by coughing. In order to determine the probability of this occurrence by a large number of cases, a series of experiments was not long since performed in France, the result of which was somewhat remarkable. The trachea was successively divided in ten dogs, after various substances had been introduced to a greater or less distance below the glottis; and in all of these the body was cast out the moment the incision was made. These experiments were performed to remove the impression of the uncertainty attending the operation, and they furnish a strong argument in favor of its immediate performance in those cases in which the existence of a foreign body in the trachea has been clearly ascertained.

INTESTINAL OBSTRUCTION.

A case of obstinate constipation is mentioned in the Edinburgh Journal for October, which, after resisting the usual treatment by cathartics, injections, &c., at length yielded to simple mechanical means. A flexible tube, connected with a syringe, had been introduced into the rectum, for the purpose of dilating the intestine with warm water. When this means failed, the tube was passed higher up into the organ, until, at the distance of ten inches from the orifice, it encountered an obstruction. The obstacle was overcome with some difficulty, and the tube having passed through it, a discharge of liquid feces immediately took place, to the great relief of the patient. It was ascertained by the appearance of the tube, that the barrier had been formed by indurated and scybalous feces. The case did well. The operation, simple as it was, appears to have been original with the practitioner who performed it, and certainly does credit to his readiness and ingenuity. It seems that he was at the time twelve miles distant from his residence, which was in Kirkwall, Scotland, had employed the few medicinal agents he had with him (laudanum, ol. ricini and croton oil), and was unable, at any less distance than that above mentioned, to procure a new supply. This country practice is certainly, what we have been said to say to the contrary notwithstanding, an excellent sharpener of the wits.

RHUS GLABRUM IN PTYALISM.

We learn, from a paper in the American Journal, that this article has been employed with great success in ptyalism arising from the use of mercurials. The preparation recommended is an infusion of the inner bark of the root, which is to be used as a gargle and a wash for the mouth. The berries, prepared in the same way, are already in extensive use as a refrigerant in fevers, and a topical application in sore throats. The author of the paper, Dr. Fahnestock, gives particular directions for distinguishing this species of Rhus from the others, many of which possess widely different qualities.

BOSTON, TUESDAY, DECEMBER 1, 1829.

TREATMENT OF HYDROCEPHALUS.

A late English writer on the diseases of women, &c. gives a very interesting chapter on a complaint of children commonly attributed to congestion of the brain ;—a complaint apparently resembling what Dr. Marshall Hall has termed "a morbid affection of Infancy, arising from exhaustion, but resembling Hydrocephalus." The writer referred to gives the result of several dissections which throw much light on the treatment of this disease. In these cases the children had been kept for several days under the influence of purgative medicines and leeches, for the purpose of subduing cerebral congestion. He found, on examination, the bloodvessels of the brain containing an extraordinarily small quantity of the vital fluid, and an abundance of serum in the ventricles.

The conclusion drawn from these dissections is inevitable,—namely, "that there may be effusion of serum from a state opposite to congestion, and that the depletory treatment, which is used so actively to prevent it, may sometimes be the cause of it."

Dropsy in persons of all ages does often result from a debilitated state of the system, and effusion is known often, perhaps most often, to occur where no inflammation, no active visceral disease exists. In the management of children presenting symptoms of hydrocephalus, this fact ought at least to be kept in view,—we ought to remember that tonic treatment and country air are far more applicable to many such cases than bleeding and purging, which are too often resorted to as matter of course.

UNITED CHILDREN.

Scarcely a journal reaches us but contains some case or cases of fœtal monstrosity. From the great rapidity with which such unhappy occurrences are accumulating on the records of the profession, we should be inclined to believe we live in an age of wonders. The whole truth, however, appears to be, not that the idea of one such monster in the mind of the female *enceinte*, is the occasion of others, but that the contagion is in the *publication* of these cases. Many which are but just brought before our notice, occurred years ago, and in the truth of their wisdom, the medical attendants have thought it best to let the unfortunate events pass by in silence,—a mode of disposing of them in which they have doubtless found a most cordial aid in the feelings and wishes of the parents.

The arrival and public exhibition of the Siamese brothers, has been matter of such general remark, that the dread of such subjects has been in a great measure done away, and almost every practitioner who finds a parallel case in his note book or in his memory, thinks that this is the time to lay it before the profession. By comparing the dates of the instances lately published, we believe it will be found that no one year has been greatly more productive of such monsters than any other, and that the explanation above given is correct. The following letter, addressed to Mr. Charles Bell, and published in the London Medical Gazette, justifies this view of the subject.

My Dear Sir,—A recent excursion to Switzerland gave me occasion to see, on the 1st of August last, at Geneva, a remarkable example of a living *lusus naturæ*, or monstrosity in the human frame; namely, twin infants furnished with two heads, two necks, and four arms, but grafted or united side to side, so as to form only one female body, terminating in two legs, or inferior extremities, of usual shape. This phenomenon presents nothing disgusting to the beholder; on the contrary, the intelligence which already begins to develope itself in the heads, makes it an object of great interest. I had not the opportunity of a very minute personal examination, in consequence of only seeing it at the hour of its daily exhibition to the public; but my observation verified the accuracy of the subjoined description, by Mons. F. Mayor, which was published in the *Journal de Genève* of the 30th of July:—

Marie-Terèse Parodi, 32 years of age, the mother of several perfect children, gave birth, on the 12th of March of the present year, to a double child, now 140 days old. The one to the left was baptized by the name of Christina, the other by that of Harriet.

At the first glance it is perceived that the twin infants have become grafted together; however, when they are regarded before, the lower parts of the body appear simple from the stomach downwards, while the chest is divided at its upper part, at least on one side of the trunk. A more attentive examination speedily enables us to recognise the following peculiarities:—Anteriorly, the chest only appears to form one thorax: the sternum forms a kind of gutter at its inferior part, while above it widens and enlarges very much, in order to give attachment to four well-formed clavicles, two of which are fixed at the external angles of that bone, and the other two at the middle of its superior border. Each of these four clavicles is directed towards one of the shoulders, and gives all the support necessary for the movements of the arms, of which two are placed between the heads. The right edge of the sternum appears to give attachment to the right ribs of Harriet, and the left to the corresponding ribs of Christina. There are four mammæ, the two in the middle being smaller than those which are external to them, and are encroached upon by the armpits of the middle set of upper extremities. There is but one umbilicus. When the examination is made from behind, two spinal columns are distinctly seen, sufficiently separated from each other at the upper part of the body; but they approximate towards the sacrums, of which there are two, united by the left edge of the one and right of the other, in such manner, however, that the ossa cocygis are quite distinct. From each vertebral column there arise ribs, which are directed towards each other: the four or five first run to the anterior sternum; but the rest are united to those of the neighboring body, at least by their external surface, and appear only to form one circle with those of the anterior part of the trunk. Thus, then, the thoraces are really separated externally throughout their upper third, and probably entirely so within: the posterior ribs of this double trunk participate in the movements of respiration in the same way as those of the anterior part. The beating of the heart in Christina is perceived at the anterior and left surface of the trunk; the beating of the heart in Harriet is seen at the middle part of the posterior surface. Beneath the ribs of this same side there is, between the two spinal columns, an abdomen twice as small as that on the anterior surface of the trunk. Harriet has had from her birth some malformation of the breast, for it is not long since the blueness with which she was affected began to disappear. For some days she has had a catarrhal affection, and her pulse was at 168 in a minute; while her sister enjoyed perfect health, the pulse not exceeding 144 in the minute. Their breathing is not always synchronous; however, there is reason to believe that a communication exists between the lobes of the lungs of the two children. The one sometimes sleeps while the other is awake,—sometimes sucks while the other plays, or wishes also to get the breast; but never has one an evacuation without the other making the same efforts, which even wake her, if asleep. As they grow older, other and yet more interesting phenomena will doubtless be observed.

Examples of this kind of union are happily but little common, and it is rarely that they survive their birth. A good many cases, indeed, are mentioned by authors, but most of them are apocryphal; some, however, are well authenticated: such, for example, as the two Hungarian girls, spoken of by Buffon, who were united by the loins, and who lived 21 years. Another case of a similar kind occurred at Verdun, in 1709: here also two females were united, and in the same manner: they were then seven years of age, and could walk; and their intelligence was so great that they had acquired several languages. There is also an instance in which two little girls were united from the lower part of the sternum to the umbilicus. *The accoucheur divided the parts; and thus separated by an operation, the children lived.*

In 1495 there were born, near Worms, twins united by the forehead: they lived for ten years, when one died, and the other was separated by an operation; but it proved unavailing.—In 1525, a native of Savoy, 30 years of age, and of the ordinary stature, exhibited himself. He had, hanging from the sternum, a body about a foot in length, having feet and arms, but without motion, while the head appeared, as it were, planted in the body of the man.—In 1538 there was, in Bavaria, a female mendicant with two heads, who was driven from the country lest the pregnant women should give birth to similar monsters,—a fear as imaginary as the result of it was cruel and uncharitable. Buchanan, in his History of Scotland, mentions the case of a monster with two heads, which lived 28 years. The two heads, having different volitions, often quarrelled. They both felt wounds of the lower part of the body, but those of the upper part were only perceptible to the corresponding head.—In 1552, a French woman at Geneva, was brought to bed of a monster, the heads of which were united by the posterior part, and the union extended to the lower part of the back. Gaspard Materier took a portrait of it. The monster lived some hours, and is compared to Janus by a writer (Lycosthene) who describes it.

Before we conclude, we may allude to the opinion which has been frequently started and recently renewed, that such monsters ought to be destroyed immediately after their birth. *No one can have a right to do so;* for since God ordains that such beings should come into the world, the laws owe them protection. Besides, it would be very difficult to determine the degree of imperfection at which an infant would cease to have a right to live; for these phenomena are met with from a simple supernumerary tip of the ear, up to the example above mentioned, of two girls who were successfully separated by an operation.

The catarrhal affection, with febrile excitement, under which the twin named Harriet labored on Thursday, the 28th of July, noted by M. Mayor, had subsided on the 1st of August, and she then had an appearance as healthy and lively as Christina. Both infants seemed to exercise some control over the motion of the lower limbs; but should they live until their mental faculties and animal powers are further developed, it will become a matter of curious inquiry to ascertain in what manner nervous influence, springing from two distinct organs of sensation and volition, shall be directed towards the lower extremities, so as to effect locomotion in accordance with the will of each sensorium; or whether there shall be occasional contentions between the *heads* for a dominating power over the *legs*.

Although the precise peculiarities of structure in the abdominal viscera, and the question as to whether the internal organs of generation correspond in unity and simplicity with the external, are points which cannot be fully determined till after death; yet, from the circumstance of each infant taking food with avidity at different times, it may be inferred that each has its proper stomach, and that the union of the alimentary canal takes place below that organ.

Many facts desirable to be ascertained hereafter, during the growth of this extraordinary animal phenomenon, must arise, referring especially to anatomy and physiology; and as you have been long an eminent professor of these branches of medical science, I am induced to address to you this letter, in the belief that it may invite you to gratify your own zeal, and to indulge that of the profession, by instituting farther inquiries, from time to time, regarding the interesting subject of it.

I remain, my dear Sir,
Very faithfully yours,
J. Borland.

The subject being open, many questions present themselves to the mind which seem difficult of solution. The exact nature of such connections, and their precise effect on the physical and moral identity of the individuals united, are, we apprehend, in a fair way to receive solutions from an actual observation of phenomena which must occur in such persons, in the course of a life so beset with ills as that they are destined to live. To our readers, the effect of disease and of death in one, on the health and life of the other, taken in connection with the parts united or common to both, is perhaps of all these questions the most interesting; and the following case from a western periodical, seems not to confirm the commonly received opinion on this subject. For this reason, and as matter of record, we have thought it worth preserving. It was published by the medical attendant, Joshua Martin, M.D., of Zenia, Ohio.

On Monday, the 31st of August, 1829, I witnessed a most extraordinary *lusus naturæ*, of which I am induced to publish a brief notice.

The wife of a gentleman of this vicinity was delivered, on Saturday, the 29th of August, at the close of the eighth month of utero-gestation, of two living children, of ordinary size, who were attached together by a round substance, of about three inches diameter, commencing at the ensiform cartilage, or lower end of the breast bone, and extending down the abdomen.

The superior part of the attachment was hard and cartilaginous, formed by the ensiform cartilage of the one extending across and uniting with the other; below, it was soft, and gave the sensation, to the touch, of a membranous sac, containing part of the abdominal viscera.

At the inferior part of the connecting medium, the skin was wanting; and at that point arose one umbilical cord, which served both children.

Anastamosis, or union of the superficial veins of the two children, could be distinctly perceived. They were both females, and in every respect natural, except that one had two thumbs on the left hand. I saw them about forty-eight hours after their birth; one of them had been dead twelve hours, and the other died in a few hours afterwards.—*Far. Rec. and Zenia Gaz.*

Ununited Fracture of the Os Femoris, cured.—A boy was admitted into the Bath Hospital, under the care of Mr. Henry Lyford, with a fracture of the thigh, produced eleven months before, and which had been treated in the usual way, but without any union having taken place. On his admission, an oblique fracture was evident, "rather above the centre of the femur, at which part there was a very considerable degree of motion, so much so, that the disunited portions of bone could be made to form an obtuse angle, and that without producing the slightest pain or inconvenience. The foot and leg quite œdematous, and much everted, the limb one inch and a quarter shorter than the opposite extremity, and incapable of being elongated by extension. There appeared to have been an unusual degree of constitutional languor and inactivity, manifested by a very slow and feeble pulse, extreme coldness of the hands and feet, pallid countenance, dry skin, and impaired appetite, with constipated bowels.—Ordered a large blister to be applied on either side of the thigh, contiguous to the fracture; meat diet; a pint of porter daily; the bowels to be kept open by equal parts of the mercurial pill and extract of aloes, and three spoonfuls of the compound mixture of steel to be taken three times a day.

"On the twelfth day, the blisters having totally failed to produce any effect in the way of exciting ossific inflammation, Mr. L. introduced a seton between the end of the bones. At the expiration of two months from the time of his admission, he was discharged cured."—*Lon. Med. and Surg. Journal.*

Gonorrhœa and Chancre.—We learn from a communication by M. Gibert, in the Nouvelle Bibliothèque Medicale for March last, that M. Biett had under his care a man who was afflicted with gonorrhœa, caused by cohabiting with his wife shortly after delivery, and during the continuance of the lochial discharge. The gonorrhœa being suppressed in a great part, an acute purulent ophthalmia supervened. We learn from the same source, that there was, in the hospital of St. Louis, a patient with a large ulcer on the internal surface of the prepuce, and at the base of the gland, caused by having connexion with a woman a few days after her delivery.

These cases are conclusive, as showing the non-specific nature of these diseases. We have known gonorrhœa several times induced by cohabiting with a woman during or too soon after menstruating; and chancres, and also gonorrhœa, produced by the leucorrhœal discharge. *American Journ. of the Med. Sci.*

Case of Hydatid Tumor simulating a Crural Hernia.—M. Pigeotte, Physician of the Hôtel Dieu of Troyes, in examining a female subject, observed two tumors, one on each side, resembling crural hernia. The one on the right side was reduced by taxis: being preceded by a fold of intestine, that on the left resisted all efforts at reduction, and on dissection proved to be a hydatid tumor.—If this woman had been attacked with disorder of the bowels, attended with symptoms analogous to those produced by strangulated hernia, she would no doubt have undergone an operation.—*Nouvelle Biblioth. Med.*

NOTICE.—Mr. Barnet Peters is no longer Agent for the Med. Journal.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING NOVEMBER 21.

Date.	Sex.	Age.	Disease.
Nov. 13.	F.	5 yrs	dropsy in the head
	F.	16	affection of the head
	F.	66	inflammation in the bowels
44.	F.	35	consumption
	F.	12 mo	unknown
	M.	48 yrs	consumption
	F.	9	chronic fever
15.	F.	36	childbed
	M.	21	typhous fever
	M.	3	measles
16.	M.	27	mortification
	M.	4	burn
	F.	3	dropsy in the head
	M.	8	accidental
17.	M.	14 mo	measles
	M.	18	quinsey
	M.	62 yrs	hydrothorax
18.	F.	3	lung fever
	F.	22	childbed
	M.	4	measles
	M.	6 mo	croup
19.	F.	29 yrs	consumption
20.	F.	3 d	unknown
21.	F.	21	dropsy

Males, 11—Females, 13. Total, 24.

ADVERTISEMENTS.

NEW BOOKS.

CARTER & HENDEE have just published and for sale—

A Manual of Materia Medica, and Pharmacy, comprising a concise description of the articles used in medicine; their physical and chemical properties, &c. &c. By H. M. Edwards, M.D. and P. Vasseur, M.D. Translated from the French, with additions, &c. by Joseph Tongo and E. Durand.

Examinations in Anatomy, Physiology, Practice of Physic, Surgery, Chemistry, Materia Medica and Pharmacy, for the use of students. By Robert Hooper, M.D. from the last London edition, with upwards of one hundred additional questions, and an entire new chapter on Poisons.

The American Journal of the Medical Sciences, No. 11, for November, 1829.

Nov. 24.

CONSOLIDATED COPAIVA.

"COPAIVA may be given in this form without the least inconvenience. Neither communicating taste, nor imparting odor to the breath, it is also retained without the least disquietude or uneasiness to the stomach; and I am informed by Dr. Rosseau, that in large doses it does not purge."—*Phil. Journal of Med. Sciences.*

See an article in this Journal, Aug. 18th.

EUROPEAN LEECHES.

An excellent lot of European Leeches, which will be sold at a reasonable price, or applied, in any part of Boston or in the vicinity.

For sale by NATHAN JARVIS, 188 Washington Street, where Physicians will find medicines at as reasonable terms as at any place in Boston.

Aug. 25. eoptf.

MORBID ANATOMY.

CARTER & HENDEE have just received,—The Morbid Anatomy of the Stomach, Bowels and Liver; illustrated by a Series of Plates from Drawings after Nature, with explanatory letter press, and a Summary of the Symptoms of the Acute and Chronic Affections of the above-named Organs. By JOHN ARMSTRONG, M.D.

The above work will be completed in six numbers, at $6,00 each. Three numbers are already published. Subscriptions received by C. & H.

Oct. 6. 2am3m

MEMOIR OF DR. HOLYOKE.

JUST published, and for sale by CARTER & HENDEE,—A Memoir of EDWARD A. HOLYOKE, M.D. LL.D., prepared in compliance with a vote of the Essex South District Medical Society.

CARTER & HENDEE have just published,—The Constitution of Man, considered in Relation to External Objects. By GEORGE COMBE.

From the Preface to the American edition.

"Mr. Combe's work should be placed with those, of which so many within a few years have appeared, which are devoted to the all-absorbing topic of Education. It treats of moral, intellectual, and physical education. This is not formally done under so many distinct heads. But the whole course of reasoning of the author, and the whole array of all his illustrations, have it always obviously in view to show how the highest cultivation of each of these may be most surely brought about.

"The publishers have printed this edition from a belief that there is much in the work to interest the community.

"It has a novelty to reward the general inquirer, and it presents the well known under novel aspects. There is one class amongst us who may study it with much advantage. Scholars are referred to, a class here too small to form a distinct order with habits of their own, and who insensibly fall into those which, although not mischievous, to the multitude on the score of health, too often make ill health the portion of the sedentary student, and bring upon him premature decay.—To all classes it is recommended, and the various learning and acuteness of the author well fit him to write a book which addresses its instructions to the whole community." Sept. 8.

A TREATISE on the Scrofulous Disease, by C. G. HUFELAND, Physician to the King of Prussia, &c., translated from the French of M. Bousquet, by Charles D. Meigs, M.D., is just received and for sale by CARTER & HENDEE.

Sept. 8.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.